

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044536
10992
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10992

FILED NOV 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois , COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN Chicago,	
Length of stay in lb 7 1/2 Hrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.,		d. STREET ADDRESS (If outside, give location) 2733 West 38th St.,	
3. NAME OF DECEASED (Type or print) First William Middle D. Last Lhamon		4. DATE OF DEATH Month Nov. Day 14, Year 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11a. FATHER'S NAME John W. Lhamon		11b. MOTHER'S MAIDEN NAME Flora Denbow	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		13. INFORMANT Florence Lhamon Address Chicago, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Kidney		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 180 x		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:30 P.M. Month, Day, Year Aug 13, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Nov. 14, 1962	
21. I attended the deceased from Nov. 14, 1962 to Nov. 14, 1962 and last saw her/him alive on Nov. 14, 1962 . Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. F. Melick M.D. (Degree or title)	
22b. ADDRESS 1755 So. Grand Blvd.,		22c. DATE SIGNED 11/15/62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-19-1962	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.	23d. LOCATION (City, town, or county) Evergreen Park, Ill.
24. FUNERAL DIRECTOR Brichler Funeral Home- ADDRESS 2218 State St., St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE NOV 15 1962 Road Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5003

P. O. Address Duys, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.